



10-31-05

PTO/SB/30 (04-05)
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RCE/3627
JRW

Request For Continued Examination (RCE) Transmittal

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

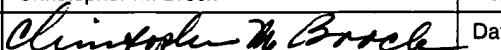
| | |
|-------------------------------|---------------------|
| Application Number | 10/016,727 |
| Filing Date | December 10, 2001 |
| First Named Inventor | Kirsten Smith et al |
| Art Unit | 3627 |
| Examiner Name | James A. Kramer |
| Attorney Docket Number | 0275R-000418 |

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

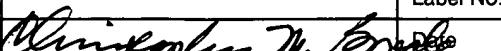
| |
|--|
| <p>1. Submission required under 37 C.F.R. 1.114</p> <p>Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).</p> <p>a. <input checked="" type="checkbox"/> Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.</p> <p>i. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____</p> <p>ii. <input checked="" type="checkbox"/> Other <u>Amendment dated October 4, 2005</u></p> <p>b. <input type="checkbox"/> Enclosed</p> <p>i. <input type="checkbox"/> Amendment/Reply</p> <p>ii. <input type="checkbox"/> Affidavit(s)/Declaration(s)</p> <p>iii. <input type="checkbox"/> Information Disclosure Statement (IDS)</p> <p>iv. <input type="checkbox"/> Other _____</p> |
| <p>2. Miscellaneous</p> <p>a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 C.F.R. 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. 1.17(i) required)</p> <p>b. <input type="checkbox"/> Other _____</p> |
| <p>3. Fees The RCE fee under 37 C.F.R. 1.17(e) is required by 37 C.F.R. 1.114 when the RCE is filed.</p> <p>a. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees, or credit any overpayments, to Deposit Account No.<u>02-2548</u></p> <p>i. <input checked="" type="checkbox"/> RCE fee required under 37 C.F.R. 1.17(e)</p> <p>ii. <input type="checkbox"/> Extension of time fee (37 C.F.R. 1.136 and 1.17)</p> <p>iii. <input checked="" type="checkbox"/> Other Any deficiency for a fee required under 37 C.F.R. 1.16 or 1.17</p> <p>b. <input type="checkbox"/> Check in the amount of \$ _____ enclosed</p> <p>c. <input type="checkbox"/> Payment by credit card (Form PTO-2038 enclosed)</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

| | | | |
|--------------------|---|-----------------------------------|-------|
| Name (Print /Type) | Christopher M. Brock | Registration No. (Attorney/Agent) | 27313 |
| Signature |  | | |
| Date | October 28, 2005 | | |

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

| | | | |
|--------------------|---|------------------------|--------------------------------|
| Name (Print /Type) | Christopher M. Brock | Express Mail Label No. | EV 717 344 738 US (10/28/2005) |
| Signature |  | | |
| Date | October 28, 2005 | | |

This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

11/02/2005 CNGUYEN 00000038 022548 10016727
01 FC:1801 790.00 DA



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | | |
|--|----------|--|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | | Application Number 10/016,727 Filing Date December 10, 2001 First Named Inventor Kirsten Smith et al Art Unit 3627 Examiner Name James A. Kramer |
| Total Number of Pages in This Submission | 1 | Attorney Docket Number 0275R-000418 |

| ENCLOSURES (check all that apply) | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> Request For Continued Examination (RCE) Transmittal |
| | | <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Remarks</div> <div style="border: 1px solid black; padding: 2px; font-size: small;"> The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 02-2548. A duplicate copy of this sheet is enclosed. </div> |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
| Firm or Individual name | Harness, Dickey & Pierce, P.L.C. | Attorney Name Christopher M. Brock |
| Signature | | |
| Date | October 28, 2005 | |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

| | | |
|-----------------------|----------------------|--|
| Typed or printed name | Christopher M. Brock | Express Mail Label No. EV 717 344 738 US (10/28/2005) |
| Signature | | Date |

This collection of information is required by 37 CFR 1.1. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 790)

| Complete if Known | |
|----------------------|---------------------|
| Application Number | 10/016,727 |
| Filing Date | December 10, 2001 |
| First Named Inventor | Kirsten Smith et al |
| Examiner Name | James A. Kramer |
| Art Unit | 3627 |
| Attorney Docket No. | 0275R-000418 |

METHOD OF PAYMENT (check all that apply)
 Check Credit card Money Other None
 Order
 Deposit Account:

| | |
|------------------------|----------------------------|
| Deposit Account Number | 02-2548 |
| Deposit Account Name | Black & Decker (U.S.) Inc. |

The Director is authorized to: (check all that apply)

-
- Charge fee(s) indicated below
-
- Credit any overpayments
-
-
- Charge any additional fee(s) or any underpayment of fees under 37 CFR 1.16 and 1.17
-
-
- Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION**1. BASIC FILING FEE**

| Large Entity | Small Entity | Fee Description | Fee Paid |
|---------------------|--------------|-----------------|----------|
| Fee Code | Fee Code | Fee (\$) | Fee (\$) |
| 1001 | 790 | 2001 | 395 |
| 1002 | 350 | 2002 | 175 |
| 1003 | 550 | 2003 | 275 |
| 1004 | 790 | 2004 | 395 |
| 1005 | 160 | 2005 | 80 |
| SUBTOTAL (1) | | (\$ 0) | |

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

| | | Extra Claims | Fee from below | Fee Paid |
|--------------------|--|--------------|----------------|----------|
| Total Claims | | -20 ** | = 0 | X = 0 |
| Independent Claims | | -3 ** | = 0 | X = 0 |
| Multiple Dependent | | | X = 0 | |

| Large Entity | Small Entity | Fee Description | |
|---------------------|--------------|-----------------|-----|
| Fee Code | Fee Code | Fee (\$) | |
| 1202 | 50 | 2202 | 25 |
| 1201 | 200 | 2201 | 100 |
| 1203 | 360 | 2203 | 180 |
| 1204 | 200 | 2204 | 100 |
| 1205 | 50 | 2205 | 25 |
| SUBTOTAL (2) | | (\$ 0) | |

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

| Large Entity | Small Entity | Fee Description | Fee Paid |
|---------------------------|--------------|-----------------|----------|
| Fee Code | Fee Code | Fee (\$) | Fee (\$) |
| 1051 | 130 | 2051 | 65 |
| 1052 | 50 | 2052 | 25 |
| 1053 | 130 | 1053 | 130 |
| 1812 | 2,520 | 1812 | 2,520 |
| 1804 | 920* | 1804 | 920* |
| 1805 | 1,840* | 1805 | 1,840* |
| 1251 | 120 | 2251 | 60 |
| 1252 | 450 | 2252 | 225 |
| 1253 | 1020 | 2253 | 510 |
| 1254 | 1590 | 2254 | 795 |
| 1255 | 2160 | 2255 | 1080 |
| 1401 | 500 | 2401 | 250 |
| 1402 | 500 | 2402 | 250 |
| 1403 | 1000 | 2403 | 500 |
| 1451 | 1,510 | 1451 | 1,510 |
| 1452 | 500 | 2452 | 250 |
| 1453 | 1500 | 2453 | 750 |
| 1501 | 1400 | 2501 | 700 |
| 1502 | 800 | 2502 | 400 |
| 1503 | 1100 | 2503 | 550 |
| 1460 | 130 | 1460 | 130 |
| 1807 | 50 | 1807 | 50 |
| 1806 | 180 | 1806 | 180 |
| 8021 | 40 | 8021 | 40 |
| 1809 | 790 | 2809 | 395 |
| 1810 | 790 | 2810 | 395 |
| 1801 | 790 | 2801 | 395 |
| 1802 | 900 | 1802 | 900 |
| Other fee (specify) _____ | | | |

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 790)**SUBMITTED BY**

| Name (Print/Type) | Christopher M. Brock | Registration No. (Attorney/Agent) | 27313 | Telephone | 248-641-1600 |
|-------------------|-----------------------------|-----------------------------------|-------|-----------|------------------|
| Signature | <i>Christopher M. Brock</i> | | | Date | October 28, 2005 |